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PTO/SB/97 (08-00)

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on <u>May 1, 2006</u> Date

J. Matthew Zigmant

Typed or printed name of person signing Certificate

In re: application of: <u>Henry V. Allen</u> Application Number: 10/665,991

Filed: 09/19/2003

Title: Extremely Low Cost Pressure Sensor Realized Using Deep Reactive ION

Etching

Atty Docket Number: 019963-001200US JMZ

Being faxed to Examiner - Alandra Ellington, Group 2855 at facsimile number 1-571-273-8300 are the following documents:

- 1. This PTO/SB/97 Certificate of Transmission (1 page);
- 2. PTO/SB/21 Transmittal Form (1 page);
- 3. PTO/SB/17 Fee Transmittal (1 page submitted in duplicate);
- 4. PTO/SB/22 Petition to Extend Time (1 page submitted in duplicate);
- 5. Amendment (12 pages); and
- 6. Replacement Drawing (1 page).

Number of pages being transmitted: 19

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	-	Application Number		10/665,991		P10/SB/21 (09-04)						
TRANSMITTAL		Filing Date		September 19, 2003								
FORM		First Named Inventor	Allen, Henry V.									
		Art Unit		2855	••							
		Examiner Name		Ellington, Ala	andra							
(to be used for all correspondence after initial fill		Altomey Docket Number 019963-00										
Total Number of Pages in This Submission	19	<u>. </u>		20003								
ENCLOSURES (Check all that apply)												
Fee Transmittal Form (1page submitted in duplicate)	\boxtimes	Drawing (1 replacement p	page)	^	iter Allowa	unce Communication to TC						
Fee Attached		Licensing-related Papers			f Appeals	nnunication to Board and Interferences						
Amendment/Reply (12 pages)		Petition				nmunication to TC ce, Brief, Reply Brief)						
After Final		Petition to Convert to a Provisional Application			Proprietary	Information						
Affidavits/declaration(s)		Power of Attorney, Revocal		_	Status Lett	er S						
Extension of Time Request (1page submitted in duplicate)		Change of Correspondence Terminal Disclaimer	, Addres			osure(s) (please identify						
Express Abandonment Request		Request for Refund	Fax cov	Fax coversheet (1 page); and								
Information Disclosure Statement		·		This trai	nsmittal (1 page).						
information discussive statement		CD, Number of CD(s)										
		Landscape Table on										
Certified Copy of Priority Document(s) Remarks The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.												
Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53												
SIGNA	TURE	OF APPLICANT, ATT	ORNE	Y. OR AGE	TV							
Firm Name Townsend and Towns				·•								
Signature T- PMUS	ha											
Printed name J. Matthew Zigmant			-									
Date May 1, 2006	1, 2006 Reg.				44,005							
CERTIFICATE OF TRANSMISSION/MAILING												
I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, Fax No. 1-571-273-8300 on May 1, 2006.												
Signature T. O	rat	fa										
Typed or printed name J. Matthew Zig	VV			Date	May 1, 2006							

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							PTO/SB/17 (01-06				
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).			Complete if Known								
			Application Numb	10/665,991							
FEE TRANSMITTAL			Filing Date	September 19, 2003							
For FY 2006			First Named Inve	Allen, Henry V.							
Applicant claims small entity status. See 37 CFR 1.27			Examiner Name E			Ellington, Alandra					
Applicant claims small energy status. See 37 CFR 1.27			Art Unit 2855			5					
TOTAL AMOUNT OF PAYMENT (\$) 50			Attorney Docket No. 019963-0012				us				
METHOD OF PAYMENT (METHOD OF PAYMENT (check all that apply)										
Check Credit Card Money Order None Other (please identify):											
Deposit Account Deposit Account Number: 20-1430 Deposit Account Name: Townsend and Townsend and Crew LLP											
For the above-identif	fied deposit account, the Direct	tor is h	ereby authorized to	o: (che	ck all t	that apply)					
Charge fee(s) ir	ndicated below		Charge	e fee(s) indic	ated below, ex	cept for the filing fee				
	itional fee(s) or underpayments	s of fee				_					
✓ Under 37 CFR 1.16 and 1.17 ✓ Credit any overpayments WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card											
Information and authorization on PTO-2038. FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)											
	<u> </u>		ing or may be s	nplec	t to a	surcharge.	<u> </u>				
1. BASIC FILING, SEARC	I. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES EXAMINATION FEES										
A	Small Entity		Small Entity Small Entity								
Application Type	Fee (\$) Fee (\$)		(\$) Fee (\$)			Fee (\$)	Fees Paid (\$)				
Utility	300 150	500		_	200	100					
Design	200 100	100			30	65					
Plant	200 100	300			60	80					
Reissue	300 150	500		6	500	300					
Provisional	200 100	C	0		0	. 0					
2. EXCESS CLAIM FEES						500 (\$)	Small Entity				
Fee Description Each claim over 20 (inc	luding Reissues)					Fee (\$) 50	Fee (\$) 25				
Each independent claim				200 360	100						
Multiple dependent clai	n Daid (C)		180								
25 -20 or HP =	<u>xtra Claims </u>	= [-4	• Paid (\$) Multipl \$50 Fee (\$				ependent Claims Fee Paid (\$)				
HP = highest number of total claim		_									
<u>indep. Claims</u> 9 -3 or HP =	oxtra Claims Fee (\$) 0 x \$200	<u>Fe</u>	<u>Paid (\$)</u> SO								
	nt claims paid for, if greater than 3	_									
3. APPLICATION SIZE FEE											
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50											
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).											
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)											
- 100 = / 50 = (round up to a whole number) x =											
4. OTHER FEE(S) Fees Paid (\$)											
Non-English Specification, \$130 fee (no small entity discount)											
Other (e.g., late filing surcharge):											
SUBMITTED BY											
	+ 1		Registration No.				· · · · · · · · · · · · · · · · · · ·				
Signature	mad ps		(Attorney/Agent)	44,00)5 	Telepho	ne 415-576-0200				
Name (Print/Type) J. Matth						Date	May 1, 2006				

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